

<i>SERFF Tracking Number:</i>	<i>CNAC-125583058</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Continental Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08-F2217 DEN</i>		
<i>TOI:</i>	<i>05.2 Commercial Multi-Peril - Liability Portion</i>	<i>Sub-TOI:</i>	<i>05.2000 CMP Sub-TOI Combinations</i>
	<i>Only</i>		
<i>Product Name:</i>	<i>TRIA Endorsements: Dental</i>		
<i>Project Name/Number:</i>	<i>Terrorism Forms /08-F2217</i>		

Filing at a Glance

Company: Continental Casualty Company	SERFF Tr Num: CNAC-125583058	State: Arkansas
Product Name: TRIA Endorsements: Dental	SERFF Status: Closed	State Tr Num: EFT \$50
TOI: 05.2 Commercial Multi-Peril - Liability Portion Only		
Sub-TOI: 05.2000 CMP Sub-TOI Combinations	Co Tr Num: 08-F2217 DEN	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Micaah Morris	Disposition Date: 04/04/2008
	Date Submitted: 03/28/2008	Disposition Status: Approved
Effective Date Requested (New): On Approval		Effective Date (New): 04/04/2008
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal): 04/04/2008
State Filing Description:		

General Information

Project Name: Terrorism Forms	Status of Filing in Domicile: Pending
Project Number: 08-F2217	Domicile Status Comments:
Reference Organization:	Reference Number: 08-F2217
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 04/04/2008	
State Status Changed: 04/04/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
On behalf of the above named Company, we are submitting the attached Terrorism Notice Form GSL3908 and the Coverage And Cap On Losses From Certified Acts of Terrorism Endorsement GSL3842. The Notice and Endorsement were developed to respond to and implement the requirements of the Terrorism Risk Insurance Re-Authorization Act.	

SERFF Tracking Number: CNAC-125583058 State: Arkansas

Filing Company: Continental Casualty Company State Tracking Number: EFT \$50

Company Tracking Number: 08-F2217 DEN

TOI: 05.2 Commercial Multi-Peril - Liability Portion Sub-TOI: 05.2000 CMP Sub-TOI Combinations
Only

Product Name: TRIA Endorsements: Dental

Project Name/Number: Terrorism Forms /08-F2217

Company and Contact

Filing Contact Information

Morris Micaah, Regulatory Filing Technician micaah.morris@cna.com
40 Wall Street (212) 440-2319 [Phone]
New York, NY 10005 (212) 440-2877[FAX]

Filing Company Information

Continental Casualty Company CoCode: 20443 State of Domicile: Illinois
40 Wall Street Group Code: 218 Company Type:
9th Floor
New York, NY 10005 Group Name: State ID Number:
(212) 440-3478 ext. [Phone] FEIN Number: 36-2114545

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental Casualty Company	\$50.00	03/28/2008	19078504

SERFF Tracking Number:	CNAC-125583058	State:	Arkansas
Filing Company:	Continental Casualty Company	State Tracking Number:	EFT \$50
Company Tracking Number:	08-F2217 DEN		
TOI:	05.2 Commercial Multi-Peril - Liability Portion	Sub-TOI:	05.2000 CMP Sub-TOI Combinations
	Only		
Product Name:	TRIA Endorsements: Dental		
Project Name/Number:	Terrorism Forms /08-F2217		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	04/04/2008	04/04/2008

<i>SERFF Tracking Number:</i>	<i>CNAC-125583058</i>	<i>State:</i>	<i>Arkansas</i>
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	<i>Only</i>		
<i>Product Name:</i>	<i>TRIA Endorsements: Dental</i>		
<i>Project Name/Number:</i>	<i>Terrorism Forms /08-F2217</i>		

Disposition

Disposition Date: 04/04/2008

Effective Date (New): 04/04/2008

Effective Date (Renewal): 04/04/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CNAC-125583058 State: Arkansas

Filing Company: Continental Casualty Company State Tracking Number: EFT \$50

Company Tracking Number: 08-F2217 DEN

TOI: 05.2 Commercial Multi-Peril - Liability Portion Sub-TOI: 05.2000 CMP Sub-TOI Combinations
Only

Product Name: TRIA Endorsements: Dental

Project Name/Number: Terrorism Forms /08-F2217

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Forms Memo	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Coverage and Cap on Losses From Certified Acts of Terrorism	Approved	Yes
Form	Notice - Offer Of Terrorism Coverage	Approved	Yes
	Notice - Disclosure Of Premium		

SERFF Tracking Number: CNAC-125583058 State: Arkansas

Filing Company: Continental Casualty Company State Tracking Number: EFT \$50

Company Tracking Number: 08-F2217 DEN

TOI: 05.2 Commercial Multi-Peril - Liability Portion Sub-TOI: 05.2000 CMP Sub-TOI Combinations
Only

Product Name: TRIA Endorsements: Dental

Project Name/Number: Terrorism Forms /08-F2217

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Coverage and Cap on Losses From Certified Acts of Terrorism	GSL3842 XX	01-08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 G-144872-A (Ed. 1/03) Previous Filing #: 03-2003 Den		GSL3842XX_012008_Coverage And Cap On Losses From Certified Acts Of Terrorism.pdf
Approved	Notice - Offer Of Terrorism Coverage Notice - Disclosure Of Premium	GSL3908 XX	01-08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 G-144959-B (Ed. 3/03) Previous Filing #: 03-2003 Den		GSL3908XX_012008_Notice – Offer Of Terrorism Coverage Notice – Disclosure Of Premium.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COVERAGE AND CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

Wherever used in this endorsement: 1) "We" means the insurer listed on the policy declarations page; and 2) "Your" means the Named Insured listed on the policy declarations page.

This endorsement modifies insurance provided under "your" policy.

In consideration of the premium charge of \$_____, it is agreed as follows:

This policy provides coverage for losses arising from "Certified Acts of Terrorism" subject to all other terms and conditions of this policy.

If aggregate insured losses attributable to terrorist acts certified under the federal Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) and "we" have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

"Certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Act. The criteria contained in the Terrorism Risk Insurance Act for a "certified act of terrorism" include the following:

1. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

IMPORTANT INFORMATION

NOTICE – OFFER OF TERRORISM COVERAGE NOTICE – DISCLOSURE OF PREMIUM

THIS NOTICE DOES NOT FORM A PART OF YOUR POLICY, GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY

You are hereby notified that under the Terrorism Risk Insurance Act, as extended and reauthorized ("Act"), you have a right to purchase insurance coverage of losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, subject to all applicable policy provisions. The Terrorism Risk Insurance Act established a federal program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks.

This Notice is designed to alert you to coverage restrictions and to certain terrorism provisions in the policy. If there is any conflict between this Notice and the policy (including its endorsements), the provisions of the policy (including its endorsements) apply.

CHANGE IN THE DEFINITION OF A CERTIFIED ACT OF TERRORISM

The Act applies when the Secretary of the Treasury certifies that an event meets the definition of an act of terrorism. Originally the Act provides that to be certified an act of terrorism must cause losses of at least five million dollars and must have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest to coerce the government or population of the United States. However, the 2007 reauthorization of the Act no longer requires the act of terrorism to be committed by or on behalf of a foreign interest and certified acts of terrorism now encompass, for example, a terrorist act committed against the United States government by a United States citizen when the act is determined by the federal government to be "a certified act of terrorism".

In accordance with the Act, we are required to offer you coverage for losses resulting from an act of terrorism that is certified under the federal program. The policy's other provisions, including nuclear, war or military action exclusions, will still apply to such an act. The premium charge for terrorism coverage for your policy is \$0.

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention.

LIMITATION ON PAYMENT OF TERRORISM LOSSES (applies to policies which cover terrorism losses insured under the federal program, including those which only cover fire losses)

If aggregate insured losses attributable to terrorist acts certified under the Act exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

Further, this coverage is subject to a limit on our liability, pursuant to the federal law where, if aggregate insured losses attributable to terrorist acts certified under the Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

<i>SERFF Tracking Number:</i>	<i>CNAC-125583058</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Continental Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08-F2217 DEN</i>		
<i>TOI:</i>	<i>05.2 Commercial Multi-Peril - Liability Portion</i>	<i>Sub-TOI:</i>	<i>05.2000 CMP Sub-TOI Combinations</i>
	<i>Only</i>		
<i>Product Name:</i>	<i>TRIA Endorsements: Dental</i>		
<i>Project Name/Number:</i>	<i>Terrorism Forms /08-F2217</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: CNAC-125583058 State: Arkansas
Filing Company: Continental Casualty Company State Tracking Number: EFT \$50
Company Tracking Number: 08-F2217 DEN
TOI: 05.2 Commercial Multi-Peril - Liability Portion Sub-TOI: 05.2000 CMP Sub-TOI Combinations
Only
Product Name: TRIA Endorsements: Dental
Project Name/Number: Terrorism Forms /08-F2217

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 04/04/2008

Comments:

Attachments:

08-F2217 FFS.pdf
08-F2217 AR Transmittal.pdf
08-F2217 AR Terrorism Transmittal Form.pdf

Satisfied -Name: Forms Memo **Review Status:** Approved 04/04/2008

Comments:

Attachment:

08-F2217 Forms Filing Memo.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 04/04/2008

Comments:

Attachment:

08-F2217 AR Cover Letter.pdf

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		08-F2217		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Coverage and Cap on Losses From Certified Acts of Terrorism	GSL3842XX (Ed. 01/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	G-144872-A (Ed. 1/03)	03-2003 Den
02	Notice - Offer Of Terrorism Coverage Notice - Disclosure Of Premium	GSL3908XX (Ed. 01/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	G-144959-B (Ed. 3/03)	03-2003 Den
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:CNAC-125583058	
h. Subject Codes		

3. Group Name	Group NAIC #
CNA Insurance Group	218

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Continental Casualty Company	IL	20443	36-2114545	

5. Company Tracking Number	08-F2217 Den
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Micaah Morris 40 Wall Street -9th Floor New York, NY 10005	Regulatory Filings Technician	877-267-3277 X2319	212-440-2877	micaah.morris@cn a.com
7. Signature of authorized filer		<i>Micaah Morris</i>		
8. Please print name of authorized filer		Micaah Morris		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	05.0 Commercial Multi-Peril - Liability & Non-Liability
10. Sub-Type of Insurance (Sub-TOI)	05.0000 CMP Sub-TOI Combinations
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Commercial General Liability
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: ASAP Renewal: ASAP
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	08-F2217 Den
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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On behalf of the above named Company, we are submitting the attached Terrorism Notice Form GSL3908 and the Coverage And Cap On Losses From Certified Acts of Terrorism Endorsement GSL3842. The Notice and Endorsement were developed to respond to and implement the requirements of the Terrorism Risk Insurance Re-Authorization Act.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: EFT Amount: \$50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) AR

Indicate Type of Filing
<input type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Continental Casualty Company	IL	20443	36-2114545

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Micaah Morris 40 Wall Street 9 th Floor New York, NY 10005	212-440-2319	212-440-2877	micaah.morris@cna.com

Filing information

Line of Insurance (see attachment)	05.1 Commercial Multi-Peril - Non-Liability Portion Only
Company Program Title (Marketing title) (if applicable)	Terrorism Risk Insurance Act Endorsement - National Dental Program
Filing Type ** see note below	Form
This application is used with:	Dental Program
Effective Date Requested	As soon as possible
Filing date	03/28/20008
Company Tracking Number	08-F2217 Den
Date filing approved in domiciliary state, if applicable	Pending

	<u>Component/Form Name /Description/Synopsis</u>	<u>Form # or Rate Page Include edition date</u>	<u>Replacement Or withdrawn?</u>	<u>If replacement, give form # or rate page(s) it replaces</u>	<u>Previous State Filing Number, if required by state</u>
01	Coverage and Cap on Losses From Certified Acts of Terrorism	GSL3842XX (Ed. 01/08)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	G-144872-A (Ed. 1/03)	03-2003 Den
02	Notice - Offer Of Terrorism Coverage Notice - Disclosure Of Premium	GSL3908XX (Ed. 01/08)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	G-144959-B (Ed. 3/03)	03-2003 Den

To be complete, a form filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required.
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state;
and

Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

Micaah Morris

Signature

Micaah Morris
Print Name:

Regulatory Filings Technician
Title:

EXPLANATORY MEMORANDUM
08-F2217 Dental
Continental Casualty Company 218-20443

**Building, Blanket Dental Practice Personal Property and General Liability
Coverage Part**

Terrorism Risk Insurance Act

On behalf of the above named Company, we are submitting the attached Terrorism Notice Form GSL3908 and the Coverage And Cap On Losses From Certified Acts of Terrorism Endorsement GSL3842. The Notice and Endorsement were developed to respond to and implement the requirements of the Terrorism Risk Insurance Re-Authorization Act.



40 Wall Street – 9th Floor
New York, New York 10005

Mr. Micaah Morris

Regulatory Filings Technician
P & C State Filing Unit
CNA Global Specialty Lines

March 28, 2008

Telephone 212-440-2319
Facsimile 212-440-2877
Toll Free 877-269-3277 x 2319
Internet micaah.morris@cna.com

ARKANSAS INSURANCE DEPARTMENT
PROPERTY & CASUALTY DIVISION
1200 W 3RD ST
LITTLE ROCK AR 72201-1904

Re: **CONTINENTAL CASUALTY COMPANY NAIC#:20443 FEIN#:36-2114545**
Building, Blanket Dental Practice Personal Property & Income Coverage Part and
General Liability Coverage Part
Terrorism Risk Insurance Act Endorsements
Our File: 08-F2217 DEN

To Whom It May Concern:

On behalf of the above named Company, we are submitting the attached Terrorism Notice Form GSL3908 and the Coverage And Cap On Losses From Certified Acts of Terrorism Endorsement GSL3842. The Notice and Endorsement were developed to respond to and implement the requirements of the Terrorism Risk Insurance Re-Authorization Act.

These forms will attach to the filed and approved **Building, Blanket Dental Practice Personal Property & Income Coverage Part, G-15159 and General Liability Coverage Part, G- 135702.**

Please note that these forms will replace the Terrorism Notice Form G-144959 and the Coverage And Cap On Losses From Certified Acts of Terrorism Endorsement Form G- 144872 currently on file.

Should you have any questions or desire additional information, please feel free to contact us.

Very truly yours,

Micaah Morris

Micaah Morris
Regulatory Filings Technician